PART B - FEE(S) TRANSMITTAL

AUG 1 8 7006 L	should be used for tran	or smitting the ISSUE FEE and F Patent, advance orders and notif in Block 1, by (a) specifying a	Commissioner for P.O. Box 1450 Alexandria, Virginal (571)-273-2885 PUBLICATION FEE (if regication of maintenance fees new correspondence address	ginia 22313-1450 uired). Blocks 1 through 5 sh will be mailed to the current 6 s; and/or (b) indicating a separ	ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 24374 7590 06/23/2006 VOLPE AND KOENIG, P.C. DEPT. ICC UNITED PLAZA, SUITE 1600			Fee(s) Transmittal. T papers. Each addition have its own certifica	f mailing can only be used for his certificate cannot be used for all paper, such as an assignmente of mailing or transmission. Pertificate of Mailing or Transmithis Fee(s) Transmittal is being with sufficient postage for first all Stop ISSUE FEE address a PTO (571) 273-2885, on the da	r any other accompanying t or formal drawing, must
30 SOUTH 17TH STE PHILADELPHIA, PA			C. Freder	ick Koenig III	(Depositor's name) (Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/080,022	02/21/2002	Parthapra	tim De	I-2-0173.6US	1393
TITLE OF INVENTION: SING	ILE USER DETECTION	USER EQUIPMENT	01 FC: 02 FC:	1504 300.00 DA	99435 19989922
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE FC:	TOTAL FEE(2) 69 DA	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/25/2006
EXAMINE	3R	ART UNIT	CLASS-SUBCLASS]	
WILSON, ROB	BERT W	2616	370-335000	_	
CFR 1.363). Change of correspondence address (or Change of Correspondence or agents OR, a ddress form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form registered attor 2 registered paid attorphism of the correspondence or agents OR, a ddress of a Customer registered paid attorphism or agents OR.			of a single firm (having as a member a torney or agent) and the names of up to patent attorneys or agents. If no name is		
Change of correspondenc Address form PTO/SB/122) a "Fee Address" indication PTO/SB/47; Rev 03-02 or m	attached. (or "Fee Address" Indica	Correspondence (1) the name or agents O (2) the name registered a 2 registered 2	R, alternatively, e of a single firm (having as ttorney or agent) and the nat	a member a mes of up to	and Koenig,
Change of correspondence Address form PTO/SB/122) and "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required.	attached. (or "Fee Address" Indicanore recent) attached. Use	Correspondence ation form of a Customer E PRINTED ON THE PATENT	R, alternatively, e of a single firm (having as ttorney or agent) and the nat patent attorneys or agents. I ame will be printed. (print or type)	a member a mes of up to f no name is 1 Volpe	
Change of correspondenc Address form PTO/SB/122) a "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required. 3. ASSIGNEE NAME AND RE	attached. (or "Fee Address" Indicanore recent) attached. Use	Correspondence ation form of a Customer E PRINTED ON THE PATENT clow, no assignee data will appendent this form is NOT a substitute for a gents O (2) the namend registered a 2 registered as 2	R, alternatively, e of a single firm (having as ttorney or agent) and the nat patent attorneys or agents. I ame will be printed. (print or type)	a member a mes of up to f no name is 3 Volpe mee is identified below, the documents are solved to the document of the solved to the solv	
Change of correspondence Address form PTO/SB/122): "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required. 3. ASSIGNEE NAME AND RE PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE InterDigital Te	attached. (or "Fee Address" Indicanore recent) attached. Use ESIDENCE DATA TO Bl assignee is identified be CFR 3.11. Completion of	Correspondence Ition form of a Customer E PRINTED ON THE PATENT Flow, no assignee data will append this form is NOT a substitute form is NOT as when the control of the c	R, alternatively, e of a single firm (having as ttorney or agent) and the nar l patent attorneys or agents. I ame will be printed. (print or type) ar on the patent. If an assig or filing an assignment. ICE: (CITY and STATE OR Ington, Delawa	a member a mes of up to f no name is nee is identified below, the documentary are	cument has been filed for
Change of correspondence Address form PTO/SB/122): "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required. 3. ASSIGNEE NAME AND RE PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE InterDigital Te	attached. (or "Fee Address" Indicanore recent) attached. Use ESIDENCE DATA TO Bl assignee is identified be CFR 3.11. Completion of	(1) the nam or agents O (2) the nam registered a 2 registered listed, no na E PRINTED ON THE PATENT clow, no assignee data will append this form is NOT a substitute for this form is NOT a substitute for this form is NOT as when the content of the	R, alternatively, e of a single firm (having as ttorney or agent) and the nar l patent attorneys or agents. I ame will be printed. (print or type) ar on the patent. If an assig or filing an assignment. ICE: (CITY and STATE OR Ington, Delawa	a member a mes of up to f no name is nee is identified below, the documentary are	cument has been filed for
Change of correspondence Address form PTO/SB/122) and "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required. 3. ASSIGNEE NAME AND RE PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE InterDigital Telegrase check the appropriate ass	attached. (or "Fee Address" Indicator recent) attached. Use ESIDENCE DATA TO Blassignee is identified be CFR 3.11. Completion of the Chnology Cosignee category or category category.	(1) the name or agents O (2) the name registered a 2 registered a 2 registered listed, no name of a Customer E PRINTED ON THE PATENT and the solution of this form is NOT a substitute for (B) RESIDENT Wilmings (will not be printed on the patents of the patents	R, alternatively, e of a single firm (having as ttorney or agent) and the nar patent attorneys or agents. I ame will be printed. (print or type) ar on the patent. If an assig or filing an assignment. ICE: (CITY and STATE OR Ington, Delawa tent): Individual (State) tee(s): a the amount of the fee(s) is e by credit card. Form PTO-203	a member a mes of up to f no name is nee is identified below, the document of the country are Sorporation or other private groundlessed. Is is attached.	cument has been filed for
Change of correspondence Address form PTO/SB/122) a "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required. B. ASSIGNEE NAME AND RE PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE InterDigital Terplease check the appropriate assurate for the following fee(s) are enclosed. The following fee(s) are enclosed. The following fee (No small Advance Order - # of Cop. Change in Entity Status (fro	attached. (or "Fee Address" Indicator recent) attached. Use ESIDENCE DATA TO Blassignee is identified be CFR 3.11. Completion of the CFR 3.11 Completion o	Correspondence Ition form of a Customer E PRINTED ON THE PATENT Flow, no assignee data will appe of this form is NOT a substitute for (B) RESIDEN TP. Wi lmi The Syment of F A check in Payment b The Direct Deposit Act (1) the nam or agents O (2) the nam registered a 2 registered a 2 registered a 2 registered bisted, no na The PATENT Wi lmi The Direct Deposit Act (1) the nam or agents O (2) the nam registered a 2 registered a 2 registered a 2 registered bisted, no na The Direct Deposit Act (2) the nam registered a 2 registered a 3 registered a 4 check in a 4 ch	R, alternatively, e of a single firm (having as ttorney or agent) and the nat patent attorneys or agents. I me will be printed. (print or type) ar on the patent. If an assig or filing an assignment. ICE: (CITY and STATE OR Ington, Delawa tent): Individual ee(s): a the amount of the fee(s) is e y credit card. Form PTO-203 or is hereby authorized by che count Number 9-043.	a member a mes of up to f no name is nee is identified below, the document of the country of th	cument has been filed for ap entity Government Government it any overpayment, to copy of this form).
Change of correspondence Address form PTO/SB/122) a "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required. 3. ASSIGNEE NAME AND RE PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE InterDigital Telease check the appropriate assuments. The following fee(s) are enclassive fee. Publication Fee (No small Advance Order - # of Color Applicant Claims SMA)	attached. (or "Fee Address" Indicator recent) attached. Use ESIDENCE DATA TO Blassignee is identified be CFR 3.11. Completion of the CFR 3.11 Completion o	Correspondence Ition form of a Customer E PRINTED ON THE PATENT Flow, no assignee data will appe of this form is NOT a substitute for (B) RESIDEN TP. Wi lmi The Syment of F A check in Payment b The Direct Deposit Act (1) the nam or agents O (2) the nam registered a 2 registered a 2 registered a 2 registered bisted, no na The PATENT Wi lmi The Direct Deposit Act (1) the nam or agents O (2) the nam registered a 2 registered a 2 registered a 2 registered bisted, no na The Direct Deposit Act (2) the nam registered a 2 registered a 3 registered a 4 check in a 4 ch	R, alternatively, e of a single firm (having as ttorney or agent) and the nat patent attorneys or agents. I me will be printed. (print or type) ar on the patent. If an assig or filing an assignment. ICE: (CITY and STATE OR Ington, Delawa tent): Individual ee(s): a the amount of the fee(s) is e by credit card. Form PTO-203 or is hereby authorized by che count Number() 9 - 0 4 3 5 nt is no longer claiming SMA	a member a mes of up to f no name is an est identified below, the document of the country of th	it any overpayment, to copy of this form).
Change of correspondence Address form PTO/SB/122) a "Fee Address" indication PTO/SB/47; Rev 03-02 or m Number is required. 3. ASSIGNEE NAME AND RE PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE InterDigital Telease check the appropriate ass 4a. The following fee(s) are encly Issue Fee Publication Fee (No small Advance Order - # of Cop. 5. Change in Entity Status (fro a Applicant claims SMA)	attached. (or "Fee Address" Indicator recent) attached. Use ESIDENCE DATA TO Blassignee is identified be CFR 3.11. Completion of the CFR 3.11 Completion o	Correspondence ation form of a Customer E PRINTED ON THE PATENT Flow, no assignee data will appe of this form is NOT a substitute for this form is NOT a substitute for this form is NOT as under the control of the c	R, alternatively, e of a single firm (having as ttorney or agent) and the nat patent attorneys or agents. I me will be printed. (print or type) ar on the patent. If an assig or filing an assignment. ICE: (CITY and STATE OR Ington, Delawa tent): Individual ee(s): a the amount of the fee(s) is e by credit card. Form PTO-203 or is hereby authorized by che count Number() 9 - 0 4 3 5 nt is no longer claiming SMA	a member a mes of up to f no name is an est identified below, the document of the country of th	it any overpayment, to copy of this form).

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandra, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Page work Reduction Act of 1995 no persons are required to re	U.S. Patent and Tra	pproved for use through 07/31/20 demark Office; U.S. DEPARTMEN mation unless it displays a valid C	NT OF COMMERCE				
		Complete if Known					
CORRECTION OF THE Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/080,022					
FEE TRANSMITTAL	Filing Date	February 21, 2002					
For FY 2006	First Named Inventor	De et al.					
	Examiner Name	Robert W. Wilson					
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2616					
TOTAL AMOUNT OF PAYMENT (\$) 1,712.00	Attorney Docket No.	I-2-0173.6US					
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 09-0435			ons Corporation				
Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below							
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon fi	ling or may be subje	ct to a surcharge.)					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity							
Application Type Fee (\$) Fee (\$) Fee (\$	Fee (\$) Fee	(\$) Fee (\$) Fe	es Paid (\$)				
Utility 300 150 500	250 20	0 100					
Design 200 100 100	50 13	0 65					
Plant 200 100 300	150 16	0 80					
Reissue 300 150 500	250 60	0 300					
Provisional 200 100 0	0	0 0					
2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)	50 2						
Each independent claim over 3 (including Reissues)		200 10	•				
Multiple dependent claims	n 11(h)	360 18					
Total Claims	e Paid (\$) O	Multiple Dependen Fee (\$) Fee	e Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.							
	<u>Paid (\$)</u>		<u>.</u>				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = - /50 = - (round up to a whole number) x							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Issue, Publication and 4 Advanced Copies							

SUBMITTED BY			
Signature	45M	Registration No. (Attomey/Agent) 29,662	Telephone 215-568-6400
Name (Print/Type)	C. Frederick Koenig III		Date August 15, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 07/31/2006.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/080,022 Filing Date TRANSMITTAL February 21, 2002 AUG 1.8 7006 First Named Inventor **FORM** De et al. Art Unit 2616 **Examiner Name** Robert W. Wilson for all correspondence after initial filing) Attorney Docket Number I-2-0173.6US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer** below): Extension of Time Request PTOL-85 Request for Refund **Express Abandonment Request** CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VOLPE AND KOENIG. P.C. Signature Printed name C. Frederick Koenig III Reg. No. Date 29.662 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name

C. Frederick Koenia III

Date